

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 062020-1310
		First Inventor Yucel Altunbasak et al.
		Title SIGNAL PROCESSING SYSTEM
		Express Mail Label No. EV269255093US

PTO
16395

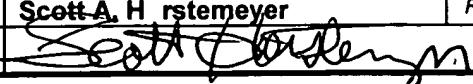
111203

APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents</small>		ADDRESS TO:	
		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<input type="checkbox"/> APPLICANT REQUESTS EARLY PUBLICATION UNDER 37 CFR 1.219 (additional fee)			
1.	<input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>		
2.	Applicant claims small entity status. See CFR 1.27		
3.	Specification <i>(preferred arrangement set forth below)</i>		
	[Total Pages 28]		
	<ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed. Sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		
4.	<input checked="" type="checkbox"/> Drawing(s) (35 USC 113)		
	[Total Sheets 3]		
5.	Oath or Declaration		
a.	<input checked="" type="checkbox"/> Newly Executed (original or copy)		
b.	<input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>		
i.	<input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		
6.	<input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		
<p style="text-align: center;">Assignee Name and Address <i>(if applicable)</i></p>			
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: /</p> <p>Prior application information: <i>Examiner</i> _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: the entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			

ACCOMPANYING APPLICATION PARTS

9.	<input checked="" type="checkbox"/> Assignment Papers (cover sheet & Documents(s))
10.	<input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
11.	<input type="checkbox"/> English Translation Document (if applicable)
12.	<input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
13.	<input type="checkbox"/> Preliminary Amendment
14.	<input type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
15.	<input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
16.	<input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.	<input type="checkbox"/> Other: _____

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24504 <small>(Insert Customer No. or Attach bar code label here)</small>			<input type="checkbox"/> Correspondence address below
NAME	Scott A. Horstemeyer Thomas, Kayden, Horstemeyer & Risley, L.L.P.			
ADDRESS	100 Galleria Parkway Suit 1750			
CITY	Atlanta	STATE	Georgia	ZIP CODE 30339-5948
COUNTRY	U.S.A.	TELEPHONE	770-933-9500	FAX 770-951-0933
Name (Print/Type)	Scott A. Horstemeyer		Registration No. (Attorney/Agent)	34,183
Signature			Date	11/12/03

1744
111203
U.S. PTOFEE TRANSMITTAL
for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revisions.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 452.00)

Complete If Known	
Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Yucel Altunbasak et al.
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned
Attorney Docket No.	062020-1310

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

 Deposit Account

Deposit Account Number

20-0778

Deposit Account Name

Thomas, Kayden, Horstemeyer Risley, L.L.P.

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility Filing Fee	385.00
1002	340	2002	170	Design Filing Fee	
1003	530	2003	265	Plant Filing Fee	
1004	770	2004	385	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)		(\$385.00)			

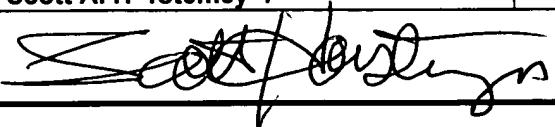
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee From Below	Fee Paid
23 - 20** = 3	X 9.00 = 27.00	
3 - 3** = 0	X 43.00 = 0	
0	145.00 = 0	

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$27.00)		

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

Complete (if applicable)				
Typed or Printed Name	Signature	Registration No.	Telephone Number	Date
Scott A. H. Horstemeyer		34,183	770-933-9500	11/12/03

WARNING: Information on this form may become public. Credit Card Information should not be included on this form. Provide credit card information and authorization on PTO-2038

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 USC 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: **Yucel Altunbasak et al.**

For: **SIGNAL PROCESSING SYSTEM**

CERTIFICATE OF EXPRESS MAIL

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

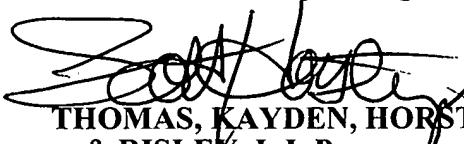
Enclosed for filing in the above case are the following documents:

Return Postcard;
Utility Patent Application Transmittal Page;
Fee Transmittal Page;
Credit Card Payment Form;
Utility Patent Application Consisting Of:
 22 Pages of Specification
 8 Pages of Claims (Claims 1-23)
 1 Page of Abstract
 3 Pages of Formal Drawings (Figs. 1-3);
Declaration and Power of Attorney;
Assignment with Cover Sheet;
Information Disclosure Statement; and
Copy of Cited Reference.

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

Respectfully submitted,

Scott A. Horstemeyer, Reg. No. 34,183


THOMAS, KAYDEN, HORSTEMEYER
& RISLEY, L.L.P.
100 Galleria Parkway, N.W.
Suite 1750
Atlanta, Georgia 30339-5948

Our Docket No: **062020-1310**

I hereby certify that all correspondence listed above are being deposited for delivery to the above addressee, with the United States Postal Service "**EXPRESS MAIL POST OFFICE TO ADDRESSEE**" service under 37 CFR §1.10 on the date indicated below:

The envelope has been given U.S. Postal Service "Express Mail Post Office To Addressee" Package # **EV269255093US**.

Date: 11-12-03



Evelyn Sanders